

## **GLOBAL ASSESSMENT OF FUNCTIONING UPDATE FORM**

***Note: Use of this form is optional***

**WHEN:** Optional form

**ON WHOM:** Any client receiving services

**COMPLETED BY:**

- Licensed or Waivered Clinician
- Physician
- Nurse
- Case Manager
- Care Coordinator
- Any staff delivering services within scope of practice

**MODE OF  
COMPLETION:**

Clinician shall determine appropriate GAF upon face-to-face assessment of client. Determination of GAF shall be:

- Documented in Progress Note
- Recorded on GAF form HHSA:MHS-999
- Entered into InSyst

**REQUIRED  
ELEMENTS:**

- Circled section(s) of GAF description(s) that most closely match client's current GAF
- Admission GAF
- Annual Review Date
- GAF score today
- Today's date
- Staff signature/title completing GAF form
- Name of client
- Medical Record number of client
- Program